

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Society of Plastic Surgeons PLASTYPAC

ADDRESS (number and street) ▼

444 E Algonquin Rd

☐ Check if different than previously reported. (ACC)

Arlington Heights

IL

60005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00249342

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

01

01

2015

06

30

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Richard Greco MD

Signature of Treasurer

Dr. Richard Greco MD

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

07

29

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		33493.18
(b) Cash on Hand at Beginning of Reporting Period.....	33493.18	
(c) Total Receipts (from Line 19)	100857.02	100857.02
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	134350.20	134350.20
7. Total Disbursements (from Line 31)	16554.27	16554.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	117795.93	117795.93
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	01	/	2015

To:

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

86357.34

86357.34

(ii) Unitemized

14349.68

14349.68

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

100707.02

100707.02

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

100707.02

100707.02

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

150.00

150.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶

100857.02

100857.02

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

100857.02

100857.02

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2054.27	2054.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2054.27	2054.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	14500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16554.27	16554.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16554.27	16554.27

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	100707.02	100707.02
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	100707.02	100707.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	2054.27	2054.27
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	2054.27	2054.27

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 76
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Hilton C. Adler MDMailing Address 179 N Belle Mead Ave
Ste 1City State Zip Code
East Setauket NY 11733-3528FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2015

Transaction ID : E9AE2FB0-8195-41F6-

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Robert G. Anderson MDMailing Address 800 12th Ave
Ste 100City State Zip Code
Fort Worth TX 76104-2519FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

The Fort Worth Plastic Surgery Center

Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 17 / 2015

Transaction ID : 0F0D5123-6293-40AE-

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

C. Darrick E. Antell MD

Mailing Address 850 Park Ave

City State Zip Code
New York NY 10075-1845FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2015

Transaction ID : B046943C-0EAF-4945-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 76
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Pamela M. Antoniuk MDMailing Address 2801 University Dr S
Sanford Plastic Surgery

City	State	Zip Code
Fargo	ND	58103-6029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : 97775803-DC70-460B-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Amy Arnold MDMailing Address 5200 N Federal Hwy
Ste 7

City	State	Zip Code
Fort Lauderdale	FL	33308-3253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2015

Transaction ID : 636BB0A3-74A7-4245-

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Edwin N. Austin MDMailing Address 875 Oak St SE
Ste 4060

City	State	Zip Code
Salem	OR	97301-3990

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2015

Transaction ID : D3D732BA5CE24B6F88D7

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 76
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Haven J. Barlow Jr., MDMailing Address 7601 Lewinsville Rd
Ste 400

City	State	Zip Code
McLean	VA	22102-2834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	22	/	2015

Transaction ID : 17A76A9E-2214-4607-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joseph R. Barnhouse MDMailing Address 1010 Carondelet Dr
Ste 401

City	State	Zip Code
Kansas City	MO	64114-4824

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Cardondelet Medical Building

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2015

Transaction ID : 9D2E1F3E-2219-4A87-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Sylvan Bartlett MDMailing Address 1330 E 8th St
Ste 400

City	State	Zip Code
Odessa	TX	79761-4733

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2015

Transaction ID : D1AF67FCCB414C3EA699

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 9 OF 76
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. C. Bob Basu MD, MPH, F

 Mailing Address 6400 Fannin St
 Ste 2100

City	State	Zip Code
Houston	TX	77030-1542

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer
 Basu Plastic Surgery

 Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2015

Transaction ID : C3E5E0BB-E632-4A4C-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Bruce S. Bauer MD

 Mailing Address 501 Skokie Blvd
 Ste 250

City	State	Zip Code
Northbrook	IL	60062-2802

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer
 Self

 Occupation
 Director, Pediatric

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : 7FE84255-6EB5-4275-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Glenn A. Becker MD

 Mailing Address 121 E 60th St
 Apt 2E

City	State	Zip Code
New York	NY	10022-1164

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer
 Self

 Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2015

Transaction ID : DA1B0343-98F7-4B65-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ▶

1000.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 76
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Della C. Bennett MD

Mailing Address 12499 Victoria Gardens Ln
Ste 103

City Rancho Cucamonga State CA Zip Code 91739-7515

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2015

Transaction ID : 63A071F7-A7A5-4706-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Saul R. Berger MD

Mailing Address 16030 Ventura Blvd
Ste 150

City Encino State CA Zip Code 91436-2779

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2015

Transaction ID : CEB8C9BD2F58476B8DDA

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Gunnar E. Bergqvist MD

Mailing Address 410 Cranberry St
Ste 310

City Erie State PA Zip Code 16507-1069

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 12 / 2015

Transaction ID : 21759AC3-BF6D-4F51-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 76
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Sean M. Bidic MD, Faap,Mailing Address 2950 College Dr
Ste 2H

City	State	Zip Code
Vineland	NJ	08360-6933

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Surgical Arts, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : 793344E8-8186-4FBD-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Janet M. Blanchard MDMailing Address 614 W Superior Ave
Ste 1448

City	State	Zip Code
Cleveland	OH	44113-1306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : 744CCEE84B414ED6A1F0

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Matthew W. Blanton MDMailing Address 3633 Harden Rd
Ste 200

City	State	Zip Code
Raleigh	NC	27607-3369

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2015

Transaction ID : 70D6BBB6-21F9-4325-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Keith M. Blechman MD

Mailing Address 1021 Park Ave

City
New YorkState
NYZip Code
10028-0959FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	5

Transaction ID : 016FC9AD-285F-4F6C-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Matthew J. J. Bonanno MD, FACSMailing Address 4116 34th Ave
1C

City

Long Island City

State

NY

Zip Code

11101-1137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	5

Transaction ID : 106A5078-CE38-4CA7-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Steven C. Bonawitz MDMailing Address 601 N Caroline St
8th Floor Plastic Surgery

City

Baltimore

State

MD

Zip Code

21287-0006

FEC ID number of contributing
federal political committee.

C

Name of Employer

John Hopkins Outpatient Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	1	5

Transaction ID : 95930D72-FEDF-49B5-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 13 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Mark T. Boschert MD

Mailing Address 145 Saint Peters Centre Blvd

City	State	Zip Code
Saint Peters	MO	63376-5103

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2015

Transaction ID : 29EE9C75-17B3-42A0-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Stephen D. Bresnick MDMailing Address 16633 Ventura Blvd
Ste 110

City	State	Zip Code
Encino	CA	91436-1834

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2015

Transaction ID : FACC1469-FE3F-4F0D-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Juan A. Brou MDMailing Address 5300 N Grand Blvd
Ste 205

City	State	Zip Code
Oklahoma City	OK	73112-5517

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : 001A61FB-48EC-4544-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Jack G. Bruner MD

Mailing Address 3741 Random Ln

City

Sacramento

State

CA

Zip Code

95864-1524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fort Sutter Medical Building

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2015

Transaction ID : D3F5087582534D1FB34A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jennifer B. Buck MD

Mailing Address 35080 US Highway 19 N

City

Palm Harbor

State

FL

Zip Code

34684-1925

FEC ID number of contributing
federal political committee.

C

Name of Employer

Palm Harbor Plastic Surgery Centre

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2015

Transaction ID : E2B2DDA7DB324391A29F

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Louis P. Bucky MDMailing Address 230 W Washington Sq
Ste 101

City

Philadelphia

State

PA

Zip Code

19106-3500

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Farm Journal Building

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : AAF6FDA0-78BC-487F-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Charles E. Butler MD

Mailing Address 1515 Holcombe Blvd

M D Anderson Cancer Center, Unit 1

City State Zip Code
Houston TX 77030-4000

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Texas

Occupation

Associate Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 30 / 2015

Transaction ID : B946A6FF-7DDA-4ED3-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jennifer L. Butterfield MD

Mailing Address 4750 E Galbraith Rd

Ste 215

City State Zip Code
Cincinnati OH 45236-6706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2015

Transaction ID : 85324FBC-8ED4-4CF3-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Theodore A. Calianos MD

Mailing Address 5 Industrial Dr

Ste 107

City State Zip Code
Mashpee MA 02649-3465

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2015

Transaction ID : 43CF95362ED4B71A5FF9

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

1291.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 16 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Theodore A. Calianos MD
 Mailing Address 5 Industrial Dr
 Ste 107

City	State	Zip Code
Mashpee	MA	02649-3465

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2015

Transaction ID : 437E91D86ADCB6C72CA5

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Donald J. Campbell MD
 Mailing Address 1296 Sims St
 Nepesa Suite B

City	State	Zip Code
Gainesville	GA	30501-3873

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2015

Transaction ID : 9F8C7EC5-7133-41D5-

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Guy Cappuccino MD

Mailing Address 1304 S Main St

City	State	Zip Code
Mount Airy	MD	21771-5329

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2015

Transaction ID : 9DC6503A2591445C9EFD

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ▶

591.67

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 17 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Holly Casey Wall MD

Mailing Address 8600 Fern Ave

City

Shreveport

State

LA

Zip Code

71105-5639

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	5

Transaction ID : 260F52F4-537C-4BF4-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael G. Cedars MDMailing Address 3300 Webster St
Ste 1106

City

Oakland

State

CA

Zip Code

94609-3125

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	5

Transaction ID : 1481C6C5-7DA5-452A-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Paul S. Cederna MDMailing Address 1500 E Medical Center Dr
2130 Taubman Center

City

Ann Arbor

State

MI

Zip Code

48109-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Michigan Section of Plas

Occupation

Associate Professor,

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	5

Transaction ID : 029AE5B1-1810-4C20-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Dean R. Cerio MD

Mailing Address 79 Hudson St
Ste 700

City Hoboken State NJ Zip Code 07030-5642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 08 / 2015

Transaction ID : 987F4CE3-EA70-44FB-

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Stefan G. Chevalier DO

Mailing Address 75 Crystal Run Rd
Ste 230

City Middletown State NY Zip Code 10941-7012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 27 / 2015

Transaction ID : 07C1C5E6B2E045128660

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Kevin C. Chung MD, MS

Mailing Address 1500 E Medical Center Dr
2130 Taubman Center Space 5340

City Ann Arbor State MI Zip Code 48109-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 23 / 2015

Transaction ID : 4021C9A1-E0D3-4E27-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Christa Lynn Clark MD

Mailing Address 2220 E Bidwell St

City

Folsom

State

CA

Zip Code

95630-3463

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	01	/	2015

Transaction ID : D9400456-D967-4742-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James Clarkson MDMailing Address 1200 E Michigan Ave
Ste 655

City

Lansing

State

MI

Zip Code

48912-1837

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	19	/	2015

Transaction ID : 4C046B82-697E-42A8-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Diane L. Colgan MDMailing Address 10411 Motor City Dr
Ste 615

City

Bethesda

State

MD

Zip Code

20817-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	12	/	2015

Transaction ID : 166172A9F09B47D39A62

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. John J. Corey MD

Mailing Address 10210 N 92nd St
Ste 200

City State Zip Code
Scottsdale AZ 85258-4524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2015

Transaction ID : 00655EC1-871F-408F-

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. George A. Csank MD

Mailing Address 426 South St

City State Zip Code
Pittsfield MA 01201-8228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 29 / 2015

Transaction ID : 8B7D717C-2007-44CF-

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

c. James R. Cullington MD

Mailing Address 1400 N Interstate 35
Ste 320

City State Zip Code
Austin TX 78701-1926

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2015

Transaction ID : E96B1639017D44A088CC

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 76
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Richard A. D'Amico MDMailing Address 180 N Dean St
Ste 3

City	State	Zip Code
Englewood	NJ	07631-2534

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2015

Transaction ID : 224141B1-6058-4A3A-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Lynn A. Damitz MD

Mailing Address 101 Manning Dr

City	State	Zip Code
Chapel Hill	NC	27514-4220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

UNC Div of Plastic & Recon Surgery

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

549.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

Transaction ID : 48CBB0C8AD008BDD78

Amount of Each Receipt this Period

91.50

Full Name (Last, First, Middle Initial)

C. Lynn A. Damitz MD

Mailing Address 101 Manning Dr

City	State	Zip Code
Chapel Hill	NC	27514-4220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

UNC Div of Plastic & Recon Surgery

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

549.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2015

Transaction ID : 42D9B08C11D3225EF111

Amount of Each Receipt this Period

91.50

SUBTOTAL of Receipts This Page (optional)..... ►

433.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Lynn A. Damitz MD

Mailing Address 101 Manning Dr

City

Chapel Hill

State

NC

Zip Code

27514-4220

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNC Div of Plastic & Recon Surgery

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

549.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	5

Transaction ID : 45B7A0829E3646407642

Amount of Each Receipt this Period

91.50

Full Name (Last, First, Middle Initial)

B. Lynn A. Damitz MD

Mailing Address 101 Manning Dr

City

Chapel Hill

State

NC

Zip Code

27514-4220

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNC Div of Plastic & Recon Surgery

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

549.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	5

Transaction ID : 4284B1CF7EA4B7E28C3F

Amount of Each Receipt this Period

91.50

Full Name (Last, First, Middle Initial)

C. Jeffrey M. Darrow MD

Mailing Address 170 Commonwealth Ave

Boston Center/Ambulatory Surgery

City

Boston

State

MA

Zip Code

02116-2704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	5

Transaction ID : 2DD65754D3B841FBB026

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

683.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 76
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Richard A. De Ramon MD

Mailing Address 2025 Technology Pkwy
Ste 303

City State Zip Code
Mechanicsburg PA 17050-9402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2015

Transaction ID : E7A6CE5BBB7342EE9A36

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joseph J. Disa MD

Mailing Address 1275 York Ave
Rm Mri

City State Zip Code
New York NY 10065-6007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2015

Transaction ID : 9F45E6EE0A9140519C0E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Donald M. Ditmars MD

Mailing Address 2799 W Grand Blvd
Plastic Surgery Clinic

City State Zip Code
Detroit MI 48202-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : BCB8C76A17734EFBB897

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Deason C. Dunagan MDMailing Address 303 Williams Ave SW
Ste 1421

City Huntsville State AL Zip Code 35801-6008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2015**Transaction ID : E1F8A3401D6B49E7BF16**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Warren A. Ellsworth IV, MDMailing Address 6560 Fannin St
Ste 2200

City Houston State TX Zip Code 77030-2715

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2015**Transaction ID : 784BD25F8F9B4F12A6B9**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Gregory R.D. Evans MD, FACSMailing Address 200 S Manchester Ave
Ste 650

City Orange State CA Zip Code 92868-3224

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of California Irvine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 07 / 2015**Transaction ID : 854585DBE5A64EA8AED4**

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 76
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. David Z. Evdokimow MD

Mailing Address 96 S Finley Ave

City	State	Zip Code
Basking Ridge	NJ	07920-1422

FEC ID number of contributing
federal political committee.

C

Name of Employer
DE'OMILIA Institute of Plastic SurgeryOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2015

Transaction ID : F02F459D-1224-4359-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gregory M. Fedele MDMailing Address 25201 Chagrin Blvd
Ste 180

City	State	Zip Code
Beachwood	OH	44122-5633

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	24	/	2015

Transaction ID : 4091B930DDC46A0DE7E1

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Jules A. Feledy MDMailing Address 5530 Wisconsin Ave
Ste 818

City	State	Zip Code
Chevy Chase	MD	20815-4401

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	02	/	2015

Transaction ID : 11AB518E971C4C7B84A4

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

675.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Lu-Jean Feng MD

Mailing Address 31200 Pinetree Rd

the Lu-Jean Feng Clinic

City

State

Zip Code

Pepper Pike

OH

44124-5928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 18 / 2015

Transaction ID : 5FF6B28A225340BD8B93

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jeffery S. Flagg MD, DDS

Mailing Address PO Box 416

City

State

Zip Code

Flossmoor

IL

60422-0416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 30 / 2015

Transaction ID : 4F00601E-248A-4C64-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Daniel J. Freet MD

Mailing Address 6431 Fannin St

Ste 4156

City

State

Zip Code

Houston

TX

77030-1501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

University of TX Medical School

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 15 / 2015

Transaction ID : C31B91AB-2A1A-4BC1-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Harold I. Friedman MDMailing Address 2 Medical Park Rd
Ste 302

City	State	Zip Code
Columbia	SC	29203-6839

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of South Carolina

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : C1CBB37C33314866850D

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Jeffrey D. Friedman MDMailing Address 6560 Fannin St
Ste 2200

City	State	Zip Code
Houston	TX	77030-2715

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2015

Transaction ID : 60D999BBA6D047379DF8

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Henry F. Garazo MDMailing Address 1140 Conrad Ct
the Galleria

City	State	Zip Code
Hagerstown	MD	21740-5905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2015

Transaction ID : 233CD818-FCFB-44BE-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

900.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Carla Garrison MD

Mailing Address 1530 E Bradford Pkwy

City

Springfield

State

MO

Zip Code

65804-6565

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 02 / 2015

Transaction ID : 082C4DA6D2E54B69A24A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Antonio J. Gayoso MD

Mailing Address 1515 22nd Ave N

City

Saint Petersburg

State

FL

Zip Code

33704-3113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 19 / 2015

Transaction ID : 92BC994B-3064-40EC-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Scot Bradley Glasberg MD, FACS

Mailing Address 42A E 74th St

City

New York

State

NY

Zip Code

10021-2735

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

03 / 11 / 2015

Transaction ID : 493BA0A13478A153DDB0

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1590.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Scot Bradley Glasberg MD, FACS

Mailing Address 42A E 74th St

City
New YorkState Zip Code
NY 10021-2735FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2015

Transaction ID : 4E9295066B9CD2158652

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

B. Scot Bradley Glasberg MD, FACS

Mailing Address 42A E 74th St

City
New YorkState Zip Code
NY 10021-2735FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 11 / 2015

Transaction ID : 41C98DD454F25D7F6988

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

C. Scot Bradley Glasberg MD, FACS

Mailing Address 42A E 74th St

City
New YorkState Zip Code
NY 10021-2735FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2015

Transaction ID : 4A96A8106D5884C66956

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional)..... ►

270.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 76
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Arun K. Gosain MD

Mailing Address 225 E Chicago Ave

Division of Pediatric Plastic Surg

City

Chicago

State

IL

Zip Code

60611-2991

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lurie Children's Hospital

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 05 / 2015

Transaction ID : 16CD120B-6DA4-4347-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Gregory Greco DO

Mailing Address PO Box 8004

264 Broad Street

City

Red Bank

State

NJ

Zip Code

07701-8004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

03 / 28 / 2015

Transaction ID : BFA5380499564650ACCA

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Richard J. Greco MD

Mailing Address 5361 Reynolds St

City

Savannah

State

GA

Zip Code

31405-6014

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Georgia Institute For Plastic Surg

Occupation

CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 28 / 2015

Transaction ID : 57712A4DEAFA4E9D9D21

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Joe A. Griffin MD

Mailing Address 513 S Dargan St

City

Florence

State

SC

Zip Code

29506-2549

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	5

Transaction ID : 11715347F86D44659FFB

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Arturo K. Guiloff MDMailing Address 2865 Pga Blvd
Ste 100

City

Palm Beach Gardens

State

FL

Zip Code

33410-2910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Estetica Institute

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	5

Transaction ID : 625156F3-096D-44F0-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Manish R. Gupta MD

Mailing Address 3438 Granite Cir

City

Toledo

State

OH

Zip Code

43617-1160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	5

Transaction ID : F43606BD-E8CC-4A2D-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 32 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. David E. Halpern MD

Mailing Address 120 S Fremont Ave

City

Tampa

State

FL

Zip Code

33606-1703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Tampa Bay Plastic Su

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
01	/	30	/	2015

Transaction ID : 0E380B1E-2E20-4644-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Eric Halvorson MD

Mailing Address 75 Francis St

Department of Plastic Surgery

City

Boston

State

MA

Zip Code

02115-6110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brigham and Women's Hospital

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : C5FEEB9E-F387-4EAC-

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Elizabeth S. Harris MD

Mailing Address 540 Madison Oak Dr

Ste 400

City

San Antonio

State

TX

Zip Code

78258-3922

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04	/	02	/	2015

Transaction ID : A3AAEA8BB91644AC93BF

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 33 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Stephen U. Harris MD

 Mailing Address 500 Montauk Hwy
 Ste H

City	State	Zip Code
West Islip	NY	11795-4419

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer
 Harris Plastic Surgery

 Occupation
 Physician

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

Transaction ID : 7421DF32-F472-4BF3-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Peter T. Hetzler MD

 Mailing Address 200 White Rd
 Ste 211

City	State	Zip Code
Little Silver	NJ	07739-1162

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer
 Self

 Occupation
 Physician

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : 45E2885FF5DE663D58DA

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

c. Peter T. Hetzler MD

 Mailing Address 200 White Rd
 Ste 211

City	State	Zip Code
Little Silver	NJ	07739-1162

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer
 Self

 Occupation
 Physician

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2015

Transaction ID : 4FF8A72C3E2E414382BB

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

1400.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Peter T. Hetzler MD

Mailing Address 200 White Rd
Ste 211

City State Zip Code
Little Silver NJ 07739-1162

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

06 / 30 / 2015

Transaction ID : 4F619E47703F963E5C6F

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Todd S. Hewell III, MD

Mailing Address 260 W River Dr

City State Zip Code
Saint Charles IL 60174-5535

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 11 / 2015

Transaction ID : CE8C7BBF-C359-47C6-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Jeffrey D. Horowitz MD

Mailing Address 2225 Old Emmorton Rd

City State Zip Code
Bel Air MD 21015-6129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 26 / 2015

Transaction ID : BD455449-EF47-497B-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Eugene C. Hsiao MDMailing Address 1550 E County Line Rd
Ste 320

City	State	Zip Code
Indianapolis	IN	46227-0990

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : DEC47F79-4FC2-46CF-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thomas J. Hubbard MD

Mailing Address 329 Phillip Ave

City	State	Zip Code
Virginia Beach	VA	23454-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2015

Transaction ID : CFB80930-83A4-499E-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. William H. Huffaker MDMailing Address 17300 N Outer 40 Rd
Ste 300

City	State	Zip Code
Chesterfield	MO	63005-1364

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

St. Louis Cosmetic Surgery

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	12	/	2015

Transaction ID : 4D1B9FBE552CB4D59444

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. William H. Huffaker MD

Mailing Address 17300 N Outer 40 Rd
Ste 300

City State Zip Code
Chesterfield MO 63005-1364

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Louis Cosmetic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

02 / 12 / 2015

Transaction ID : 496B93A555E559D96995

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William H. Huffaker MD

Mailing Address 17300 N Outer 40 Rd
Ste 300

City State Zip Code
Chesterfield MO 63005-1364

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Louis Cosmetic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

03 / 12 / 2015

Transaction ID : 4327A9BF564127187161

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. William H. Huffaker MD

Mailing Address 17300 N Outer 40 Rd
Ste 300

City State Zip Code
Chesterfield MO 63005-1364

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Louis Cosmetic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

04 / 12 / 2015

Transaction ID : 40368EF97F1E514BFBE1

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 76

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. William H. Huffaker MD

Mailing Address 17300 N Outer 40 Rd
Ste 300

City	State	Zip Code
Chesterfield	MO	63005-1364

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Louis Cosmetic Surgery

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2015

Transaction ID : 4F04A68A0AD82FEA4B46

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William H. Huffaker MD

Mailing Address 17300 N Outer 40 Rd
Ste 300

City	State	Zip Code
Chesterfield	MO	63005-1364

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Louis Cosmetic Surgery

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : 4B3EA39DCF61A0D05B3A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ellen A. Janetzke MD

Mailing Address 390 Park St
Ste 201

City	State	Zip Code
Birmingham	MI	48009-3400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2015

Transaction ID : 9D10AFB2A9B74A119EA5

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Jeffrey E. Janis MD

Mailing Address 915 Olentangy River Rd
Ste 2100

City State Zip Code
Columbus OH 43212-3154

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 12 / 2015

Transaction ID : CD3366AB36B34C01B203

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Michael A. Jazayeri MD

Mailing Address 2010 E 1st St
Ste 270

City State Zip Code
Santa Ana CA 92705-4083

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 12 / 2015

Transaction ID : 2B1999FC23BD45CD908A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mark H. Jensen MD

Mailing Address 1175 E 50 S
Ste 171

City State Zip Code
American Fork UT 84003-2845

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 16 / 2015

Transaction ID : 23D9AA0B-5B10-4A5B-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 39 OF 76
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Debra J. Johnson MD

Mailing Address 95 Scripps Dr

City	State	Zip Code
Sacramento	CA	95825-6320

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Plastic Surgery CenterOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2015

Transaction ID : 4387AACA533578AD512F

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Debra J. Johnson MD

Mailing Address 95 Scripps Dr

City	State	Zip Code
Sacramento	CA	95825-6320

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Plastic Surgery CenterOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2015

Transaction ID : 4B97A208B58246BF463A

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Debra J. Johnson MD

Mailing Address 95 Scripps Dr

City	State	Zip Code
Sacramento	CA	95825-6320

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Plastic Surgery CenterOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2015

Transaction ID : 45B799147D72EA731857

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 40 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Debra J. Johnson MD

Mailing Address 95 Scripps Dr

City

Sacramento

State

CA

Zip Code

95825-6320

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

The Plastic Surgery Center

Occupation

Physician

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : 40DBA13542F7ADEE61CD

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Loree K. Kallianen MD

Mailing Address 640 Jackson St

Mail Stop 11503 B

City

Saint Paul

State

MN

Zip Code

55101-2502

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Regions Hospital Plastic/Hand Surgery

Occupation

Physician

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2015

Transaction ID : 790639F0869B419F8BAB

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert E. Kearney MD

Mailing Address 4520 Executive Dr

Ste 150

City

San Diego

State

CA

Zip Code

92121-3084

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2015

Transaction ID : 58B36D4B9E914BF4A5A2

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Denise M. Kenna MD

Mailing Address 2350 Freedom Way
Ste 107

City State Zip Code
York PA 17402-8200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 15 / 2015

Transaction ID : D172AC78-9781-4597-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gabriel M. Kind MD

Mailing Address 45 Castro St
Ste 410

City State Zip Code
San Francisco CA 94114-1027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Office Building

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 24 / 2015

Transaction ID : 9020256E-193A-402E-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. David S. Kirn MD

Mailing Address 2376 Alexandria Dr

City State Zip Code
Lexington KY 40504-3229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 24 / 2015

Transaction ID : 5BA0E4AFE3544B75BD60

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 42 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Andrew N. Kornstein MD

Mailing Address 1373 Redding Rd

City

Fairfield

State

CT

Zip Code

06824-1956

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 27 / 2015

Transaction ID : B88874748593489FAE12

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William M. Kuzon MD, Ph.D.

Mailing Address

2130 Taubman Health Care Center

City

Ann Arbor

State

MI

Zip Code

48109-0340

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Michigan - Plastic Surge

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 23 / 2015

Transaction ID : 46AE8867D47ABFE79A72

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. William M. Kuzon MD, Ph.D.

Mailing Address

2130 Taubman Health Care Center

City

Ann Arbor

State

MI

Zip Code

48109-0340

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Michigan - Plastic Surge

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 23 / 2015

Transaction ID : 40EBA21A57900A61E0C9

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 43 OF 76
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. William M. Kuzon MD, Ph.D.

Mailing Address

2130 Taubman Health Care Center

City

Ann Arbor

State

MI

Zip Code

48109-0340

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Michigan - Plastic Surge

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

Transaction ID : 4887BE3F4E8AE2182D42

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mark L. Labowe MD

Mailing Address 12301 Wilshire Blvd

Ste 325

City

Los Angeles

State

CA

Zip Code

90025-1053

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2015

Transaction ID : 60B16324-BF0F-4BCD-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Tenley Lawton MD

Mailing Address 180 Newport Center Dr

Ste 170

City

Newport Beach

State

CA

Zip Code

92660-0937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : 62FD9C8E6E6B4D579958

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. John T. Lettieri MDMailing Address 100 E Wood St
Ste 100City State Zip Code
Spartanburg SC 29303-3001FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2015

Transaction ID : CF84F965-81CE-4E21-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kaming Li MDMailing Address 3110 Inland Empire Blvd
Ste CCity State Zip Code
Ontario CA 91764-6572FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2015

Transaction ID : 4DBAA948CF8D417AAB6A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jerome H. Liu MDMailing Address 15055 Los Gatos Blvd
Ste 250City State Zip Code
Los Gatos CA 95032-2025FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 07 / 2015

Transaction ID : 64F05CDB-6D46-4A44-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 76
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Tom S. Liu MD

Mailing Address 15055 Los Gatos Blvd
Ste 250

City State Zip Code
Los Gatos CA 95032-2025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2015

Transaction ID : DBCCD1DB-939C-49C6-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Paul J. Loverme MD, FACS

Mailing Address 825 Bloomfield Ave
Ste 205

City State Zip Code
Verona NJ 07044-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2015

Transaction ID : 45FC84575701B96749AE

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Paul J. Loverme MD, FACS

Mailing Address 825 Bloomfield Ave
Ste 205

City State Zip Code
Verona NJ 07044-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : 411BA63F3F8F13415778

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 46 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Harold W. Lueders MD

Mailing Address 2899 Buckskin Rd

City State Zip Code
Pinole CA 94564-1146

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 18 / 2015

Transaction ID : 8B1F28CC60BD4B6189A2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dennis J. Lynch MD

Mailing Address 2361 River Ranch Rd

City State Zip Code
Temple TX 76502-4260

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 07 / 2015

Transaction ID : 890FCCAAA35D4BEE9DCI

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Matthew Lynch MD

Mailing Address 300B Princeton Hightstown Rd
Ste 101

City State Zip Code
East Windsor NJ 08520-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 18 / 2015

Transaction ID : EB74579C-4298-40CE-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 47 OF 76
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Raman Chaos Mahabir MD, Frcsc,

Mailing Address 5777 E Mayo Blvd

City

Phoenix

State

AZ

Zip Code

85054-4502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Chair, Division of P

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	5

Transaction ID : 88C2111C-A9B5-469D-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Marcel M. Malek MDMailing Address 8438 E Shea Blvd
Ste 101

City

Scottsdale

State

AZ

Zip Code

85260-6669

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	5

Transaction ID : 59477F7CB13041F088A3

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

c. Philip C. Marin MD

Mailing Address 650 Dittmer Ave

City

Pueblo

State

CO

Zip Code

81005-1212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	5

Transaction ID : A5A2BD68-10C7-4672-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Eric R. Mariotti MDMailing Address 2222 East St
Ste 310

City	State	Zip Code
Concord	CA	94520-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2015

Transaction ID : B06338B0EA2D4D419ACD

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Alan Matarasso MD

Mailing Address 1009 Park Ave

City	State	Zip Code
New York	NY	10028-0936

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2015

Transaction ID : B444084A-6529-4EC7-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Patricia A. McGuire MDMailing Address 845 N New Ballas Ct
Ste 300

City	State	Zip Code
Saint Louis	MO	63141-7162

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

Transaction ID : AFF5DDCE-3A76-4019-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Isidoros Moraitis MDMailing Address 3890 Tampa Rd
Ste 406

City	State	Zip Code
Palm Harbor	FL	34684-3675

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

Transaction ID : E1284082-C268-4413-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Lisa C. Murcko MDMailing Address 1700 S Lincoln Ave
Va Medical Center

City	State	Zip Code
Lebanon	PA	17042-7529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2015

Transaction ID : C9129A0027B345889B3B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert X. Murphy Jr., MDMailing Address 2597 Schoenersville Rd
Ste 305

City	State	Zip Code
Bethlehem	PA	18017-7331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Cosmetic and Reconstructive Specialist

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : 96937B9F-7C19-42CC-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Daniel T. Ness MD

Mailing Address 959 Cox Rd

City

Gastonia

State

NC

Zip Code

28054-3420

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Plastic Surgery Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	1	5

Transaction ID : 6A4FFC05-A913-4DA0-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Michael W. Neumeister MD, Frcsc,

Mailing Address PO Box 19653

Siu - Plastic Surgery,

City

Springfield

State

IL

Zip Code

62794-9653

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	1	5

Transaction ID : 6A9F20BD056549BF9AF5

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ernest Normington MD

Mailing Address 135 Walter Dr

City

Lewisburg

State

PA

Zip Code

17837-7482

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	5

Transaction ID : 27B86B557C21438C93E1

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

2250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Morgan E. Norris MDMailing Address 6400 Fannin St
Ste 2130

City Houston State TX Zip Code 77030-1524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2015**Transaction ID : CD9C8160-B6E2-4F1C-**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kenneth L. Odinet MDMailing Address 200 Beaulieu Dr
Ste 6

City Lafayette State LA Zip Code 70508-7230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2015**Transaction ID : 53F34B998D9A4D49B15B**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Byron D. Poindexter MD

Mailing Address 1825 Samuel Morse Dr

City Reston State VA Zip Code 20190-5317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 12 / 2015**Transaction ID : 465DF7EE008A4CC584FF**

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 52 OF 76
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. David F. Pratt MDMailing Address 10413 NE 37th Cir
Bldg B

City	State	Zip Code
Kirkland	WA	98033-7924

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : 3F1545BF-4642-4A08-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Beth A. Preminger MDMailing Address 969 Park Ave
Ste 1

City	State	Zip Code
New York	NY	10028-0322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2015

Transaction ID : 42D28A0CFDAA035F8CB5

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

C. Brian Reedy MD

Mailing Address 50 Commerce Dr

City	State	Zip Code
Wyomissing	PA	19610-3335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2015

Transaction ID : 2922DAAE-9E06-42F9-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1667.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 53 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Robert D. Rehnke MD

Mailing Address 6606 10th Ave N

City

Saint Petersburg

State

FL

Zip Code

33710-6104

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2015

Transaction ID : 76C268944E6C4E3F91C4

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kristen M. Rezak MD

 Mailing Address 47 New Scotland Ave
 Mc 190

City

Albany

State

NY

Zip Code

12208-3412

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Transaction ID : 89E6FC0D-68EF-4F1D-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Lucian J. Rivela MD

 Mailing Address 9191 Pinecroft Dr
 Ste 150

City

Shenandoah

State

TX

Zip Code

77380-2799

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2015

Transaction ID : F4B77CF365F8404DA7ED

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Bruce A. Rodgers MDMailing Address 24022 Cinco Village Center Blvd
Ste 250

City	State	Zip Code
Katy	TX	77494-3704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : C43DE0A1-1FA1-4973-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Malcolm Z. Roth MDMailing Address 50 New Scotland Ave
Mail Code 190

City	State	Zip Code
Albany	NY	12208-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Albany Medical Center

Associate Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2015

Transaction ID : B0DCE6E0DA1E48BFB7C8

Amount of Each Receipt this Period

250.00

Recurring CC Quarterly

Full Name (Last, First, Middle Initial)

c. Malcolm Z. Roth MDMailing Address 50 New Scotland Ave
Mail Code 190

City	State	Zip Code
Albany	NY	12208-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Albany Medical Center

Associate Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

Transaction ID : 7E2DC1FDB61B40F1A995

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. John M. Rowley MDMailing Address 15810 S 45th St
Ste 140

City	State	Zip Code
Phoenix	AZ	85048-7655

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2015

Transaction ID : DE8CD036-2FDF-435E-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ernesto J. Ruas MD

Mailing Address 603 S Boulevard

City	State	Zip Code
Tampa	FL	33606-2629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : 8C87FE6B61C448CA81AB

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. George H. Sanders MDMailing Address 16633 Ventura Blvd
Ste 110

City	State	Zip Code
Encino	CA	91436-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2015

Transaction ID : 3F882F54A5DB4D8B9AF4

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Antonio Santin MD

Mailing Address 1600 9th St S

City

Great Falls

State

MT

Zip Code

59405-4510

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	5

Transaction ID : 030B52E5-68D9-4BA0-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Gordon H. Sasaki MDMailing Address 800 Fairmount Ave
Ste 319

City

Pasadena

State

CA

Zip Code

91105-3153

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	5

Transaction ID : 476A7DBA84FE460F9DC8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Wesley G. Schooler MDMailing Address 427 W Pueblo St
Ste A

City

Santa Barbara

State

CA

Zip Code

93105-6206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	5

Transaction ID : 081CBE2C183F4BFEEAA9A

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Subramanya R. Shastri MDMailing Address 17 Limestone Dr
Ste 1

City	State	Zip Code
Williamsville	NY	14221-8601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : A610716E61E4459884CF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michele A. Shermak MDMailing Address 1304 Bellona Ave
the Plastic Surgery Center of Mary

City	State	Zip Code
Lutherville	MD	21093-5425

FEC ID number of contributing
federal political committee.

C

Name of Employer

JHBMC Division of Plastic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2015

Transaction ID : 719BA241-4EF2-4D88-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert K. Sigal MD

Mailing Address 1825 Samuel Morse Dr

City	State	Zip Code
Reston	VA	20190-5317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : 0CF031D7429E427C8C95

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 58 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Brendan E. Smith MD

Mailing Address 16 Okatie Center Blvd S
Ste 101

City State Zip Code
Okatie SC 29909-7535

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2015

Transaction ID : 4BE8B59C3F49B5DE60D2

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Lane F. Smith MD

Mailing Address 8871 W Sahara Ave

City State Zip Code
Las Vegas NV 89117-5865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 24 / 2015

Transaction ID : 4960BBF705C9472193D0

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Mary C. Snyder MD

Mailing Address 3615 5th St
Ste 101

City State Zip Code
Rapid City SD 57701-7360

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2015

Transaction ID : 6B33C7AC-488F-4359-

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

925.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. David H. Song MD, Mba, FMailing Address 5841 S Maryland Ave
M/C 6035City State Zip Code
Chicago IL 60637-1447FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Chicago Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 24 2015**Transaction ID : 48056A6B-DB4A-4031-**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Lisa Lynn Lynn Sowder MDMailing Address 1101 Madison St
Ste 1101City State Zip Code
Seattle WA 98104-3558FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 24 2015**Transaction ID : B4882161-2992-4BBF-**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Erez G. Sternberg MDMailing Address 7711 Baymeadows Rd E
Ste 6City State Zip Code
Jacksonville FL 32256-9110FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 18 2015**Transaction ID : 2B59F7E7-44DC-4731-**

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. William D. Strinden MD

Mailing Address 116 Christie Dr

City	State	Zip Code
Lufkin	TX	75904-5534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lufkin Plastic SurgeryOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : 0446F4CF7A17484E8627

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Steven K. Struck MDMailing Address 3301 El Camino Real
Ste 200

City	State	Zip Code
Atherton	CA	94027-3803

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

Transaction ID : 8140525F745F43048EA3

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Mark R. Sultan MD

Mailing Address 1100 Park Ave

City	State	Zip Code
New York	NY	10128-1202

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

Transaction ID : 3CA21D16CE784F30BDF6

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1650.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Michael Suzman MD

Mailing Address 3030 Westchester Ave

City	State	Zip Code
Purchase	NY	10577-2574

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Westchester Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2015

Transaction ID : DF9B26D4-E4DA-4633-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gregory M. Swank MD

Mailing Address 315 19th St SE

City	State	Zip Code
Hickory	NC	28602-4230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Plastic Surgery & Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2015

Transaction ID : 4171B634753EC3AB8B91

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Michael E. Sweet MDMailing Address 3811 Spring St
203

City	State	Zip Code
Mount Pleasant	WI	53405-1667

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : EE94B30A-A41C-4B93-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 62 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Richard Tepper MD

Mailing Address 955 S Springfield Ave
Unit 105

City State Zip Code
Springfield NJ 07081-3574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 23 / 2015

Transaction ID : DC3CF1E9-F685-4F8F-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Scott L. Tucker MD

Mailing Address 1345 Westgate Center Dr
Ste A

City State Zip Code
Winston Salem NC 27103-3041

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 30 / 2015

Transaction ID : 572AB6875FBE4689BEC1

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Anthony P. Tufaro MD

Mailing Address 601 N Caroline St
McElderry 8130-D

City State Zip Code
Baltimore MD 21287-0006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

03 / 18 / 2015

Transaction ID : 833BCB5D44B84297800F

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 63 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. David M. Turner MDMailing Address 900 E 30th St
Ste 107

City Austin State TX Zip Code 78705-3323

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2015**Transaction ID : 9338A167-0FDC-4BC7-**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ivan M. Turpin MDMailing Address 1310 W Stewart Dr
Ste 610

City Orange State CA Zip Code 92868-3857

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2015**Transaction ID : EF4A023A5096420BA936**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Paul F. Vanek MD, FACSMailing Address 9485 Mentor Ave
Ste 100

City Mentor State OH Zip Code 44060-8722

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 18 / 2015**Transaction ID : 7B39182E5BDD49D3B72C**

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 64 OF 76
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Bhupesh Vasisht MDMailing Address 1307 White Horse Rd
E-501

City	State	Zip Code
Voorhees	NJ	08043-2176

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Shore Plastic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

Transaction ID : E4294F3B-5B85-4D87-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Simeon H. Wall Jr.,MD

Mailing Address 8600 Fern Ave

City	State	Zip Code
Shreveport	LA	71105-5639

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 4026288F4F06487FB68F

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. William A. Wallace MD, FACS

Mailing Address 4147 Southpoint Dr E

City	State	Zip Code
Jacksonville	FL	32216-0996

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Cosmetic Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2015

Transaction ID : 4520B34C9AD306D52187

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)..... ►

634.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 65 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. William A. Wallace MD, FACS

Mailing Address 4147 Southpoint Dr E

City

Jacksonville

State

FL

Zip Code

32216-0996

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Cosmetic Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2015

Transaction ID : 4D679E87A7F6BA9E4E81

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

B. William A. Wallace MD, FACS

Mailing Address 4147 Southpoint Dr E

City

Jacksonville

State

FL

Zip Code

32216-0996

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Cosmetic Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2015

Transaction ID : 45C880C55D10180F200E

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

c. William A. Wallace MD, FACS

Mailing Address 4147 Southpoint Dr E

City

Jacksonville

State

FL

Zip Code

32216-0996

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Cosmetic Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2015

Transaction ID : 4CFBADE489A562A4F0EE

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)..... ►

252.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 66 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Amy G. Wandel MD

Mailing Address 2200 Sunrise Blvd
Ste 250

City State Zip Code
Gold River CA 95670-4378

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

04 / 30 / 2015

Transaction ID : 15370DC406444569B11E

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Amy G. Wandel MD

Mailing Address 2200 Sunrise Blvd
Ste 250

City State Zip Code
Gold River CA 95670-4378

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 26 / 2015

Transaction ID : E2E20C64-E0D8-4F16-

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

c. Stewart P. Wang MD FACS

Mailing Address 76 N Hudson Ave
Ste 113

City State Zip Code
Pasadena CA 91101-1841

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 05 / 2015

Transaction ID : 916AEFD9-584B-44A9-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 67 OF 76

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Paul R. Weiss MDMailing Address 1049 5th Ave
Ste 2D

City New York State NY Zip Code 10028-0115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 02 / 2015**Transaction ID : 185BAB60053A42A0B29F**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Frederick G. Weniger MDMailing Address 350 Fording Island Rd
Ste 200

City Bluffton State SC Zip Code 29910-5168

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2015**Transaction ID : 202475DA-8AB2-48CD-**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Anna Wooten MDMailing Address 2605 Nicholson Rd
Ste 210

City Sewickley State PA Zip Code 15143-8896

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2015**Transaction ID : 69E49E61-DFBE-4701-**

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 68 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Cindy Wu MD

Mailing Address the Division of Plastic and Recons
 7040 Burnett-Womack Building Cb #7

City State Zip Code
 Chapel Hill NC 27599-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 18 / 2015

Transaction ID : 63DB8BF7-962C-466A-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael D. Yates MD

Mailing Address 303 Williams Ave SW
 Ste 1421

City State Zip Code
 Huntsville AL 35801-6008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 18 / 2015

Transaction ID : B7D5EB25D36B4A939C74

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Sean Younai MD

Mailing Address 16055 Ventura Blvd
 Ste 100

City State Zip Code
 Encino CA 91436-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 11 / 2015

Transaction ID : 89AFCF71-A6FF-4A13-

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

1100.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 69 OF 76
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Luis A. Zapiach MDMailing Address 1 W Ridgewood Ave
Ste 302

City	State	Zip Code
Paramus	NJ	07652-2361

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2015

Transaction ID : 3AC61251-C4AA-4A02-

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Richard J. Zienowicz MD

Mailing Address 113 Wickenden St

City	State	Zip Code
Providence	RI	02903-4364

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : 4942ACE3C7199758E0F7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Stephen N. Zonca MD

Mailing Address 1675 Patriot Dr

City	State	Zip Code
Muskegon	MI	49444-7807

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

Transaction ID : D38C478F667144809F85

Amount of Each Receipt this Period

380.00

SUBTOTAL of Receipts This Page (optional)..... ►

995.00

TOTAL This Period (last page this line number only)..... ►

86357.34

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 70 OF 76

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. JP Morgan Chase

Mailing Address 1201 South Milwaukee Ave

City State Zip Code
Libertyville IL 60048
Purpose of Disbursement
JP Morgan Chase Bank Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 06 2015
Transaction ID : 027BDB39A8A75564103

Amount of Each Disbursement this Period

94.27

Full Name (Last, First, Middle Initial)

B. JP Morgan Chase

Mailing Address 1201 South Milwaukee Ave

City State Zip Code
Libertyville IL 60048
Purpose of Disbursement
Transfirst Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 10 2015
Transaction ID : 5020E53C6AD866B1041

Amount of Each Disbursement this Period

9.40

Full Name (Last, First, Middle Initial)

C. JP Morgan Chase

Mailing Address 1201 South Milwaukee Ave

City State Zip Code
Libertyville IL 60048
Purpose of Disbursement
American Express Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 28 2015
Transaction ID : 63D089C2AE9CBEC4168

Amount of Each Disbursement this Period

23.05

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

126.72

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Society of Plastic Surgeons PLASTYPAC

Category/
Type

79.86

Category/
Type[illegible]Category/
Type

133.31

336.92

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Society of Plastic Surgeons PLASTYPAC

Category/
Type

86.05

Category/
Type

591.21

MM / DD / YYYY

Category/
Type

300.85

978.11

[illegible]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 73 OF 76

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. JP Morgan Chase

Mailing Address 1201 South Milwaukee Ave

City State Zip Code
Libertyville IL 60048
Purpose of Disbursement
American Express Fee

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 31 2015
Transaction ID : 5F35F8CD970B0370A05

Amount of Each Disbursement this Period

180.56

Full Name (Last, First, Middle Initial)

B. JP Morgan Chase

Mailing Address 1201 South Milwaukee Ave

City State Zip Code
Libertyville IL 60048
Purpose of Disbursement
Transfirst Fees

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 31 2015
Transaction ID : BE241D6A5801FA4CAF5

Amount of Each Disbursement this Period

9.40

Full Name (Last, First, Middle Initial)

C. JP Morgan Chase

Mailing Address 1201 South Milwaukee Ave

City State Zip Code
Libertyville IL 60048
Purpose of Disbursement
American Express Fee

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 30 2015
Transaction ID : 64A2AC18160C6515B65

Amount of Each Disbursement this Period

80.62

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

270.58

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Society of Plastic Surgeons PLASTYPAC

00:

Category/
Type

5.26

00

Category/
Type

215.14

Category/
Type

The diagram shows a two-story building layout. The top floor has a central corridor with four rooms on each side. The bottom floor has a central corridor with three rooms on each side. The rooms are represented by rectangles, and the corridors are represented by lines. The building is shown in a simplified, schematic style.

220.40

TOTAL This Period (last page this line number only).....

1932.73

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 75 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Dr. Raul Ruiz for Congress

Mailing Address PO Box 3433

City	State	Zip Code
Palm Desert	CA	92261

Purpose of Disbursement
2016 Primary

011

Candidate Name

Raul RuizCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 36

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2015

Transaction ID : 9F5A0F9918F94F29764

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Friends of Roy Blunt

Mailing Address PO Box 10178

City	State	Zip Code
Columbia	MO	65205-4002

Purpose of Disbursement
2016 Primary

011

Candidate Name

Roy Dean BluntCategory/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: MO District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2015

Transaction ID : D80055BB126DC897A10

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Lone Star Leadership PAC

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824-0844

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Lone Star Leadership PACCategory/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼ Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2015

Transaction ID : 14D17742844B7878F27

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 76 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Stivers for Congress

Mailing Address 4679 Winterset Drive

City	State	Zip Code
Columbus	OH	43220-8113

Purpose of Disbursement
2016 Primary

011

Candidate Name

Steve StiversCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

Transaction ID : 539BF4EB5BBD146A0DA

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

14500.00